



DEPARTMENT OF HEALTH & HUMAN SERVICES

Substance Abuse and Mental Health
Services Administration (SAMHSA)
1 Choke Cherry Road
Rockville, MD 20857

SAMHSA SCHOLARSHIP AGREEMENT FORM

Tribal Training and Technical Assistance Session

APPLICATION DUE DATE: FRIDAY, JULY 6, 2007

Scholarship Requested for (Please check all that apply):

_____ **Lodging** _____ **Per Diem** _____ **Travel**

Session Attending (Please check all that apply):

_____ **“Tribal Justice and Safety”** _____ **2007 Tribal Crime Data and Information**
Tribal Training and Technical Assistance Meeting **Sharing Conference**
July 30-August 1, 2007 – Phoenix, AZ **August 2-3, 2007 – Phoenix, AZ**

I, _____, the undersigned, accept the scholarship benefits awarded to me for the
(Please Print Name)
purpose of attending the Tribal Training and Technical Assistance Meeting to be held per the corresponding dates and
locations selected above. I also understand that if awarded a scholarship, I am required to attend the **entire training**.
_____ (Please Initial).

PLEASE COMPLETE THE FOLLOWING REQUESTED INFORMATION
(PLEASE PRINT CLEARLY AND LEGIBLY)

Signature of Scholarship Applicant: _____ **Date:** _____

Print Name of Attendee: _____ **Title:** _____
(First and Last Name)

Tribe/Tribal Organization: _____

Street Address: _____ **City/State:** _____ **Zip:** _____

Work Phone: _____ **Cell Phone:** _____ **Fax:** _____

Your Email Address: _____

****Are you an elected Tribal Leader? ____ Yes ____ No. If yes, what is your elected position title if different from above? (Please print)**

Please return this form to the attention of:
Valerie Jordan/SAMHSA via fax: (240) 276-2252

Scholarships are available for Tribal and Tribal Organizations ONLY.

NOTE: You will receive instructions for making travel arrangements following SAMHSA's confirmation of your meeting attendance.

SAMHSA Approval: _____

Date: _____